

October 4, 2001

NON-INSTITUTIONAL EXTENDED CARE WITHIN VHA

1. PURPOSE. This Veterans Health Administration (VHA) Directive is intended to clarify that certain services are included in the medical benefits package and must be made available to all enrolled veterans in need of such services. The services are non-institutional extended care services, specifically, outpatient geriatric evaluation, adult day health care (ADHC), and non-institutional respite care.

2. BACKGROUND. Section 101(b) of the Veterans Millennium Health Care and Benefits Act, Public Law 106-117, amended Title 38 United States Code (U.S.C.) 1701 to direct that the Department of Veterans Affairs (VA) provide veterans eligible for outpatient medical services with certain non-institutional extended care services. The change in the law was intended to ensure that VHA provides these services as part of its medical benefits package.

a. VHA is amending the regulations establishing the benefits package to expressly state that the package include: outpatient geriatric evaluation and management services, ADHC, and non-institutional respite care.

b. In VA, long-term care has been provided through an array of extended care programs and services. Seventy-five percent of the long-term care provided to the veteran population is through institutional care, and the need for long-term care for veterans is projected to increase 20 percent from the year 2000 to 2005. The Federal Advisory Committee on VA Long-Term Care recommended that VA expand home and community-based services, and meet most of the new demand for long-term care through non-institutional care whenever feasible. A continuum of care is necessary to effectively meet the long-term care needs of our aging veteran population who live with complex medical, social, behavioral, and functional impairments. To ensure that veterans receive the benefits of these programs in a coordinated, integrated manner, the complete array of non-institutional extended care services must be available throughout each Veterans Integrated Service Network (VISN).

c. Demographic projections based upon VA's Long-Term Care Planning Model indicate an increasing need for long-term care through 2008, and VHA's strategy is to meet most new demand, when clinically appropriate, for long-term care through non-institutional services.

d. **Definitions**

(1) **ADHC.** ADHC is a therapeutically-oriented outpatient day program that provides health maintenance and rehabilitative services to the frail elderly persons in a congregate setting. ADHC is provided in a protective setting during part of the day but less than 24-hour care. Individualized programs of care are delivered by health care professionals and support staff, with an emphasis on helping participants and their caregivers to develop the knowledge and skills necessary to manage care requirements in the home. Its predominant focus is a therapeutic one, directed at persons with disabling conditions and medical disorders, thus distinguishing ADHC from social day care. **NOTE:** *Previously set statutory limitations on ADHC placement periods, not to exceed 6 months, have been removed by Public Law 106-117.*

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(2) **Outpatient Geriatric Evaluation.** The Geriatric Evaluation and Management (GEM) program is a specialized service provided by an interdisciplinary team. The geriatric evaluation component consists of a comprehensive, multidimensional evaluation focused on a targeted group of elderly patients who will most likely benefit from these services. The management component of GEM consists of the development of an interdisciplinary plan of care and follow-up, including treatment, rehabilitation, health promotion and social service interventions. Outpatient GEM services may be provided in a VA GEM clinic, VA Geriatric Primary Care Clinic, and other outpatient settings.

(3) **Non-institutional Respite Care.** Respite care provides supportive care to veterans on a short-term basis to give the caregiver a planned period of relief or respite from the physical and emotional burdens associated with furnishing daily care to chronically ill and severely disabled persons. Respite care may be provided in a home or other non-institutional settings. **NOTE:** *Respite care may also be provided in community nursing homes under this authority.* Ordinarily, respite care is limited to no more than 30 days per year.

3. POLICY. It is VHA policy for each VISN to provide for the comprehensive array of non-institutional extended care services (to include outpatient geriatric evaluation, ADHC, and non-institutional respite) mandated as part of benefits package for eligible VA beneficiaries and to monitor the care delivered. **NOTE:** *Needed services for non-institutional ADHC, non-institutional outpatient geriatric evaluation and non-institutional respite can be provided directly by VHA staff, contracted, or (through provision of case management), by another provider or payor.*

4. ACTION. All VISNs are to assess the availability of outpatient geriatric evaluation, ADHC, and non-institutional respite services to all enrolled veterans. Effective immediately upon the issuance of this directive, all VHA facilities are to either have these services available to their veterans, or to incorporate into their strategic plan a process for establishing the access of these services.

a. VISNs will develop, implement and regularly review strategic plans for expanding these services to meet the changing needs of the veteran population.

b. The Geriatric and Extended Care Strategic Healthcare Group will provide further guidance, consultation and dissemination of information.

NOTE: *Specific programmatic guidance will follow for outpatient geriatric evaluation, ADHC, and non-institutional respite.*

5. REFERENCES

a. Public Law 106-117 Veterans Millennium Health Care and Benefits Act, Title I Access to Care, Subsection A-Long Term Care, 1710B- Extended Care Services, (1), (4), (6).

b. GEM Program Guide, M-5, Part VI, Revised August 25, 1992.

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c. M-9, Chapter 9, Change 13, Appendix 9Q, Criteria and Standards for GEM Program, December 29, 1992.

d. M-5, Part IX, Adult Day Health Care, April 18, 1994.

e. VA Long-Term Care at the Crossroads. A Report of the Federal Advisory Committee on the Future of Long-Term Care, June 1998.

6. FOLLOW-UP RESPONSIBILITY: The Office of Geriatrics and Extended Care (114) is responsible for the contents of this directive. Questions may be referred to 202-273-8540.

7. RESCISSIONS: None. This VHA Directive expires October 31, 2006.

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Under Secretary for Health

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